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ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING State Form 55860 (R / 10-15) OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-9

APR 1 1 2023

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INDIANA STATE ETHICS COMMISSION

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In accordance with IC 4-2-6-9, you days after the conduct that gives agency appointing authority and e General's website.	rise to the conflict. You mus	it also include a cop	y of the notifical	ion provided to your	
Name <i>(last)</i> Beard	Name (first) Michael			Name (middle)	
Name of office or agency Indiana Department of Homeland Se	e of office or agency na Department of Homeland Security		Job lille Commission Member		
Address of office <i>(number and street</i> 302 West Washington Street, Room E	s of office <i>(number and street)</i> st Washington Street, Room E-208		olis	ZIP code 46204	
Office telephone number (317) 232-2222	Office e-mail addre buildingcommission				
Describe the conflict of interest: I serve as a member of the Fire Preve At the April 4, 2023 Commission med	شا بالدناء واستاناها بالمستوارة وبار في يو ويودو ووران ويو ويوان وو وو وو وو وو او او او او او وو و و و وو و	terror and the second terror of the second production and the second terror as second			
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	part in the discussion or vote on this matter. After the
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AFFIRMATION	
our signature below affirms that your disclosures on this form are true, concominate and belief. In addition to this form, you have attached a copy of	mplete, and correct to the best of your of your written disclosure to your agency
ppointing authority and ethics officer.	
Signature of state officer, employee or special state appointee	Date signed (month, day, year) 04/10/23
Printed full name/of state officer, employee or special state appointee Michael W. Beard	
FOR ETHICS OFFICER USE O	NLY
Your signature below affirms that you have reviewed this disclosure form a pest of your knowledge and belief. You also attest that your agency has it	and that it is true, complete, and correct to the mplemented the screen described above.

## Baker, Nathaniel P

From:

Shute, Kristi

Sent:

Tuesday, April 11, 2023 12:16 PM

To:

Thacker, Joel

Cc:

michael.popich@indy.gov; Beard, Michael W.

Subject: Attachments: Conflict of Interest-Decisions and Voting Disclosure-Michael Popich and Michael Beard Decisions and Voting disclosure-Popich, Michael.pdf; Decisions and Voting disclosure-

Beard, Michael.pdf

Good afternoon, Executive Director Thacker,

To be in compliance with IC 4-2-6-9 a special state appointee who identifies a potential conflict of interest must notify their appointing authority and either request an advisory opinion from the State Ethics Commission or file a disclosure statement. Please accept this email as official notification. A copy of each Disclosure Statement is included for your reference. The Disclosure Statements will be filed with the Inspector General's Office later today and I anticipate we will receive file-stamped copies within a few business days.

Please let me know if you have any questions or need additional information.

Sincerely,

Kristi Shute | Deputy General Counsel and Ethics Officer Indiana Department of Homeland Security 302 W. Washington St., Room E208 Indianapolis, IN 46204

Phone: 317-967-4101 Email: kshute@dhs.in.gov

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